This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	
• :	

Total Fee Calculation									
	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total	
	Sm./Lg.				Sm. Entity	Lg. Entity			
Basic Filing Fee	201/101	<u> </u>			345	690	= '	345	
Total Claims >20	203/103	3 3 -20 =	13	x	9	18	=	117	
Independent Claims >3	202/102			x	39	<u>78</u>	=		
Mult. Dep Claim Present	204/104				130	260	=	130	
Surcharge	205/105				65	130	=	65	
English Translation	139								
TOTAL FEE CALCULA	ATION							657	
Fees due upon filing t	he application:	1							
Total Filing Fees Due	= \$	657	7 	_					
Less Filing Fees Subn	nitted - \$			_					
BALANCE DUE	/ = \$_								

FORM OIPE-RAM-01 (Rev. 12/97)